

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 502391

1. Corporation Name
J+SCustom Mica Inc

Principal Place of Business

Mailing Address

2308 Bruner Lane
Ft Myers, FL 33912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

2308 Bruner Lane
Ft Myers FL
33312 Lee

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0217756

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

99 MAR -1 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

91-990
180
3/1/99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Lynn A Dunlavy	1361 Canterbury	Ft Myers, FL 33901
V Pres	/	/	/
Sec	/	/	/
Treas	/	/	/

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-03/04/99-01071-013
***1861.25 ***1861.25

8. Name and Address of Current Registered Agent

Lynn Dunlavy
1361 Canterbury Ave
Ft Myers, FL 33901

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lynn A Dunlavy
REGISTERED AGENT MUST SIGN

Date 2-23-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn A Dunlavy

2-23-99

Date

941-433-2828

Daytime Phone #